

DELAWARE DIVISION OF BOILER SAFETY
INSTALLING CONTRACTOR'S Operational REPORT

Installation Location

Owners Name		Street Address	
City		State	
		Zip	
Phone No.	Fax No.		Email

Unit Manufacturer

Name _____

Unit Identification (Boiler)

Manufacturer's Model #	Year Built
ASME #	National Board #
Jurisdiction	

Steam

Hot Water

Maximum Working Pressure psig	Maximum Working Pressure Psig
Minimum Safety Valve Capacity PPH	Maximum Temperature Degree F
	Minimum Safety Relief Valve Capacity PPH or Btu

Boiler Unit Description (Type)

If Modular (No. of Modules)
Boiler Unit Capacity (Output)

Burner

Manufacturer	Model
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Fuels (as Shipped)

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Control/Device	Manufacturer	Model	Operational Test Preformed, Date
Operating Controls			
Low-Water Fuel cutoff CW-120(a), CW-140			
Forced Circulation CW-210(a)			
Steam Pressure CW-310(b)			
Water Temperature CW-410(b)			
Safety Controls			
Low-Water Fuel Cutoff CW-120(a), CW-120(b), CW-130, CW-140			
Forced Circulation CW-210(b)			
High Steam Pressure Limit CW-310(c)			
High Water Temperature Limit CW-410(b)			
Fuel Safety Shutoff Valve, Main CF-180(b)(2), CF-180(b)(3)			
Pilot Safety Shutoff Valve CF-180(c)			
Atomizing Medium Switch CF-450(b)			
Combustion Air Switch CF-220			
High Gas Pressure CF-162			
Low Gas Pressure CF-162			
Low Oil Pressure CF-450(a)			
High Oil Temperature CF-450(c)			
Low Oil Temperature CF-450(d)			
Purge Air Flow CF-210			
Flame Safeguard (Primary) CF-310, CF-320			
Low Fire Start			
Low Fire State Switch CF-610			
Safety or Safety Relief Valve(s) CW-510, CW-520			

Manufacturer:

Operational Test Performed, Date:

Model:

Size:

Capacity: PPH/Btu/hr

Representing Equipment Manufacturer

Name (print):

Signature(if not emailing)

Date:

Phone No:

Email:

Representing Installing Contractor

Name (print):

Signature(if not emailing)

Date:

Phone No:

Email:
